

# Access to Clinical and Community Maternal, Neonatal and Women's Health Services Program

## ACCESS

### YEAR TWO ANNUAL REPORT

1 October 2005–September 2006

Submitted to:  
ACCESS Program

Submitted by:  
ACCESS Program Nepal

*Submitted: 11 October 2006*



**USAID**  
FROM THE AMERICAN PEOPLE

 **access**

Access to clinical and community  
maternal, neonatal and women's health services

## TABLE OF CONTENTS

### ABBREVIATIONS AND ACRONYMS

ACCESS	Access to Clinical and Community Maternal, Neonatal and Women's Health Services
ANC	Antenatal Care
ANMs	Assistant Nurse Midwives
BPKIHS	Bisheswor Prasad Koirala Institute of Health and Science
CORE	The Child Survival Collaborations and Resources Group
DHO	District Public Health Office
DIP	Detailed Implementation Plan
DTAG	District Technical Advisory Group
EmOC	Emergency Obstetric Care
EmONC	Emergency Obstetric and Newborn Care
EMPNC-	Emergency Postnatal Care
FHD	Family Health Division
FGD	Focused Group Discussion
FP	Family Planning
HBPNC-	Home based postnatal care
IOM	Institute of Medicine
IST	In-service Training
IP	Infection Prevention
JD	Job Description
KMC	Kangaroo Mother Care
LBW	Low Birth Weight
M&E	Monitoring and Evaluation
MIRA	Mother Infant Research Initiative
MNH	Maternal and Neonatal Health
MOPH	Ministry of Public Health
NFHP	Nepal Family Health Program
NTAG	National Technical Advisory Group
NSI	Nick Simon Institute
NGO	Nongovernmental Organization
PAC	Post abortion Care
PCLN	Proficiency Certificate Level of Nursing
PNC	Postnatal Care
PPH	Postpartum Hemorrhage
RHCC	Reproductive Health Coordination Committee
SoW	Scope of Work
SBA	Skilled Birth Attendance/Attendant
SMNSC	Safe Motherhood and Neonatal Subcommittee
SSMP	Support for Safe Motherhood Program

TAG	Technical Advisory Group
TOT	Training of Trainers
TT	Tetanus Toxoid
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VDC	Village Development Committee
WHO	World Health Organization

## **I. Introduction**

---

This second annual report of the Access to Clinical and Community Maternal, Neonatal and Women's Health Services (ACCESS) Program Nepal covers the period October 1 2005 to September 30, 2006. This report describes achievements and identifies challenges faced by the ACCESS Nepal Program, as well as approaches and solutions for overcoming these challenges. This report also outlines the critical activities planned for the upcoming program year.

## **II. Program Results by HIDN Results Pathways**

---

### **B. Skilled Birth Attendant Results Pathway**

#### **SKILLED BIRTH ATTENDANT LEARNING RESOURCE PACKAGE (LRP)**

The National SBA Policy for Nepal, which ACCESS helped develop, has been recently endorsed by the Nepal Government. ACCESS/Nepal developed a generic SBA Learning Resources Package (LRP) for SBAs based upon competencies defined in the national SBA policy. The SBA LRP is modeled after the Afghanistan Community Midwifery model. A working draft of the package was prepared for a workshop, which took place May 11 -14, 2006. ACCESS/Nepal in conjunction with the Family Health Division, Ministry of Health and Population, other key stakeholders including professional bodies, participated in the workshop and developed the draft package. During the workshop, a draft of the SBA LRP was reviewed by participants and supplementary materials and references were incorporated into the draft. The SBA LRP attempts to match skills defined in the SBA policy with the growing need for SBAs in Nepal. The Senior Midwifery Advisor, JHPIEGO and an international consultant helped ACCESS Nepal program staff facilitate the workshop and plan the next steps of the program.

A brain storming session was conducted with workshop participants in an effort to explore potential issues and challenges they may face during implementation of SBA policy. Participants identified barriers to the advancement of the SBA, such as, who could be included under definition of a SBA, challenges associated with training of SBAs, retaining SBAs and the number of SBAs needed in country to provide adequate services. Following the workshop a plan of action, including next steps, was developed by ACCESS/Nepal and their program partners. As recommended by the workshop, Nepali version of the SBA LRP is also being translated.

The international consultant developed a plan to field test the package, which included modules discussed during the workshop as well as a few new topics. Information was gathered for the criteria for training site selection for field-testing.

Following the workshop, site visit and field-testing plans were finalized with input from NFHP and Family Health Division (FHD). Preliminary site visits were made by ACCESS staff to identify potential sites based on case load and types of pre-service education (PSE) and in-service training (IST) provided in those sites. Information on whether specialized training activities like Midwifery Refresher Training (MRT) and Basic Emergency Obstetric Care (BEOC) Training were also considered. ACCESS and FHD staff oriented with SBA LRP to facility staff members and trainers from each site before field testing began. The draft SBA LRP package was field tested in 3 training

sites of the Nepal Family Health Program (NFHP), and that included Koshi Zonal Hospital in Morang, Balkumari Campus and Bharatpur Hospital in Chitwan.

Based on findings from the field-testing necessary modification into the draft package have been done and will be presented and finalized during a workshop, which will take place in November 2006.

Nepal has many stakeholders working to improve maternal and neonatal health and services using different in-service and pre-service curricula. ACCESS/Nepal has been coordinating with related stakeholders for adaptation of a comprehensive SBA package, which would standardize SBA curricula and services. In 2006, a series of meetings were held with WHO, Support for Safe Motherhood Program (SSMP), Nick Simon Institute (NSI), UNFPA, UNICEF and Institute of Medicines (IOM) program staff to coordinate the adaptation of the SBA LRP package. In May 2006, a technical update on the SBA LRP was given by an international expert to 30 members of the SMNSC

WHO is conducting a pilot test to upgrade in-service ANMs to the level of SBAs at Bisheshwor Prasad Koirala Institute of Health and Science (BPKIHS) in Dharan. The draft SBA LRP package was provided to WHO to ensure competencies were consistent and standardized. The package also provided orientation to lead trainers in the SBA Learning Resource Package.

The Institute of Medicine revises their curriculum approximately every 5 years. Since the Institute of Medicine (IOM) and FHD were in the process of revising the Staff Nurse Pre-service (i.e. Proficiency Certificate Level of Nursing (PCLN) curriculum, ACCESS took the opportunity to collaborate with SSMP and incorporate key competencies for SBAs based upon the SBA LRP.

An SBA LRP Technical Advisory Group (TAG) was formed in March 2006 and includes 15 technical experts from the Government of Nepal, I/NGO, education and professional organizations. During their first meeting a Scope of Work (SoW) was developed and Job Descriptions (JD) of SBAs were defined. Additionally, a development plan for the SBA LRP Package was shared and approved by meeting participants. The SBA TAG met a second time during August 2006 to update members on the progress of the SBA LRP and results from testing the SBA LRP in the field.

## **STUDY ON THE ENABLING ENVIRONMENT TO SUPPORT SKILLED BIRTH ATTENDANTS IN NEPAL**

ACCESS/Nepal is also seeking to improve the enabling environment for SBAs. A study is being conducted on ***Factors Affecting the Enabling Environment for Skilled Birth Attendants in Nepal***. With the support of international and local consultants, key stakeholders of Safe Motherhood activities in Nepal were involved in developing the objectives, processes and sites for the study, . The final study design was shared and approved by the Safe Motherhood and Neonatal Health Sub-committee which is chaired by the FHD in the MoHP.

The study will look at identifying the key factors that contribute to successful utilization of Birth Attendant (BA) services, barriers and constraints to effective use, and therefore the models that might be recommended for rural Nepal. The study will specifically look at the range or types of approaches to implementing SBA services and in what contexts they are being implemented; for

each major type, document outputs, results and key factors that have contributed to these results; describe community, family, and recently delivered women's perceptions of the need for Birth Attendant services, their experiences with these services, and the underlying motivating factors and barriers for use and non-use of them and describe Birth Attendant's attitudes and perceptions of services; their working environment, roles, and expectations for professional growth.

Six sites were chosen in varying geographical locations, 4 sites were functioning well and 2 sites were not. Data was collected by using standardized instruments and in-depth interviews and focus group discussions were conducted. Community members interviewed included women who had used and not used the services, and key family members. Female Community Health Volunteers and Traditional Birth Attendants were also interviewed. Staff at all of the sites were also interviewed. Policy makers and managers were also interviewed. The data collection in the field is now complete. In November 2006, the study team will share findings with stakeholders and the group will then make a series of recommendations of functioning SBA model(s), which will incorporate the best lesson learned from currently successful service delivery sites. A final report including recommendations will be available in January 2007.

#### **D. Newborn Results Pathway**

### **COMMUNITY BASED MANAGEMENT OF LOW BIRTH WEIGHT INFANTS IN KANCHANPUR DISTRICT**

ACCESS has been working in close coordination with the NFHP to implement a comprehensive Community-Based Maternal and Newborn Care (CBMNC) program in the Kanchanpur district of Nepal. The Detailed Implementation Plan (DIP) developed with the District Public Health Office (DPHO) guides both the CBMNC program and ACCESS/Nepal Low Birth Weight (LBW) program. The data collection for the baseline survey was completed jointly with NFHP and a final report will be available in late October 2006. The CBMNC package consists of the Birth Preparedness Package, Home Based Post Natal Care (HB-PNC) package and strengthening of health facilities for mothers and newborns who have been referred for care. The ACCESS LBW program builds on the HB-PNC which visits all mothers routinely. At the initial visit LBW infants are identified and a more intensive schedule of visits and care is given to those babies, including the use of home based Kangaroo Mother Care (KMC). Given the estimated number of LBW infants born in Kanchanpur it was not considered necessary for all the FCHVs to receive training in LBW management. All of the 580 FCHVs, 18 Village Health Workers (VHWs) and 10 Maternal and Child Health Workers (MCHWs) have received the BPP/PNC training at the community level which included identification of LBW. Of those who were trained, 200 FCHVs have been selected to be LBW neonate care providers who carry out the more intensive schedule of visits.

ACCESS/Nepal, along the FHD and NHTC, has developed a draft LBW neonate care and management training manual in Nepali. A LBW neonate care and management module has also been included in the SBA LRP. Different skill observation learning guides and checklists for weighing babies, taking temperatures and LBW neonate register guidelines have recently been developed. The 200 FCHVs who were selected will be trained by the fall of 2006.

Program indicators in consultation with ACCESS HQ technical staff have been developed to monitor and evaluate the LBW program in Kanchanpur. This includes a simple pictorial register for

FCHVs to collect data on low birth weight neonates and mothers. This register along with training materials is currently being field tested. Field data is expected to be coming in from early 2007.

A District Technical Advisory group was formed with 8 technical experts from Kanchanpur who will provide technical assistance to the ACCESS program, as needed. The group has met twice to discuss formative research of LBW neonates in Kanchanpur. The formative study on LBW care has and management is complete and a draft report will be ready in October 2006.

## **KANGAROO MOTHER CARE AT HEALTH FACILITIES**

ACCESS Nepal has recently added a new component of the program focusing on establishing a facility based Kangaroo Mother Care services. This component is funded with ACCESS Core monies. ACCESS/Nepal will initiate a LBW care and management program at the Seti Zonal Hospital in Kailali, Mahakali Zonal Hospital in Kanchanpur and in 3 PHCs in the Kanchanpur district. The Seti Zonal Hospital in Kailali is a NFHP training site for BEOC and PAC services. The PHCs and zonal hospitals would receive cases referred from FCHVs in the communities. A National Technical Advisory Group (NTAG) is being formed and plans are in process for site assessments and baseline data collection.

### III. Program Coverage

ACCESS clinical (e.g., capacity building and service delivery) and community-based (e.g., demand generation) interventions reached women and families in Nepal, Afghanistan, Haiti, Kenya, Mauritania, Cameroon, Burkina Faso, Tanzania and Madagascar. Please see the table below for detailed information on the types of interventions being implemented in each country and the associated population coverage.

**Table 3: ACCESS Program Coverage**

COUNTRY INTERVENTION	# OF COMMUNITIES	# OF FACILITIES	# OF DISTRICTS/ DEPARTMENTS	% OF DISTRICTS/ DEPARTMENTS	# OF REGIONS/ PROVINCES	TOTAL POP. (IN TARGET COMMUNITIES OR FACILITY CATCHMENT AREAS/DISTRICTS)	# OF WOMEN OF RE-PRODUCTIVE AGE (15-49)
<b>NEPAL</b>							
SBA LRP details		Pretesting: 2 hospital and 1 campus	Pretesting: 2 out of 75 districts (Morang, Chitwan)		2 region out of 5	710895	333530
SBA training site upgrade		6 IST sites	6 out of 75 districts		4 regions out of 5	TBD	TBD
SBA study	6	1 HP, 1 clinic, 4 PHCC	6 out of 75 districts (Baitadi, Kavre, Kapilvastu, Morang, Nawal Parasi, Panchthar,		4 regions out of 5	2219091	662475
Mgmt. of LBW infants at community level	60,158 households	10 SHP, 8 HP, 3 PHCC, 1 zonal hospital	1 out of 75	2%	5	377,899	185,989
Facility Based KMC	65 Village Development Committees	2 zonal hospitals and 3 PHCC	2 districts out of 75		1 out of 5	1,101,857	258,944
<b>AFGHANISTAN</b>							
Community-based PPH study: Counseling + misoprostol	N/A	5	3 out of 279	1%	2 out of 6	117,059	23,411
Community-based PPH study: Counseling alone	N/A	3	3	1%	2 out of 6	49,465	9,892
<b>HAITI</b>							



COUNTRY INTERVENTION	# OF COMMUNITIES	# OF FACILITIES	# OF DISTRICTS/ DEPARTMENTS	% OF DISTRICTS/ DEPARTMENTS	# OF REGIONS/ PROVINCES	TOTAL POP. (IN TARGET COMMUNITIES OR FACILITY CATCHMENT AREAS/DISTRICTS)	# OF WOMEN OF RE-PRODUCTIVE AGE (15-49)
PMTCT service delivery (ANC clinic and maternity)	N/A	28	7 out of 10	70%	N/A	2,797,200	668,531
PAC service delivery	N/A	11	8 out of 10	80%	N/A	1,978,800	472,933
<b>KENYA</b>							
Implementing Best Practices: Service delivery in FP, Contraceptive Tech. Update and IP, including facilitative supervision	N/A	Nakuru district-164 Nyeri district-100 Homabay district-35 Migori district-60	4 out of 76	6%	3 out of 7	Nakuru district 1.5 million Nyeri district-799,697 Homabay district-320,000	Nakuru district-N/A Nyeri district 676,053 Homabay district – N/A Migori district-N/A
CT for HIV/AIDS service delivery	N/A	Central province 7 Eastern 13 Nairobi 8	28 out of 76	37%	3 out of 7	Not available-ACCESS working only in district hospitals	Not available-ACCESS working only in district hospitals
ART service delivery		Eastern 13 Nairobi 8	21 out of 76	28%	2 out of 7	Not available-ACCESS working only in district hospitals	Not available-ACCESS working only in district hospitals

COUNTRY INTERVENTION	# OF COMMUNITIES	# OF FACILITIES	# OF DISTRICTS/ DEPARTMENTS	% OF DISTRICTS/ DEPARTMENTS	# OF REGIONS/ PROVINCES	TOTAL POP. (IN TARGET COMMUNITIES OR FACILITY CATCHMENT AREAS/DISTRICTS)	# OF WOMEN OF RE-PRODUCTIVE AGE (15-49)
Demand generation for RH/MIP services-scale up of community RH/MIP package	2 divisions (Usigu & Madiany) in Bondo district  2 divisions (Wote & Kaiti) in Makueni district  2 divisions (Lunga Lunga, Msabweni & Kinango) in Kwale district		3 malaria-endemic districts out of a total of 45 malaria-endemic districts	7%	3 out of 7	-Bondo district-287,014  -Makueni district-887,266  -Kwale district-600,000	-Bondo district-Not available  -Makueni district-Not available  -Kwale district-13,679
<b>MAURITANIA</b>							
EmONC (SBA) service delivery		10	4 out of 44	9%	3 out of 13	273,306	Not available
<b>CAMEROON</b>							
EMNC (SBA) training and service delivery		15	1 (Ngaoundere) out of 58 departments*	2%	1 out of 10	244,009	Not available
<b>BURKINA FASO</b>							
FANC/MIP service delivery scale-up		21	5 out of 53	9%	1 out of 11	1,654,443	343,304
<b>MADAGASCAR</b>							
FANC/MIP service delivery scale-up		76	4 out of 22	18%	2 out of 6	710,808	Not available
<b>TANZANIA</b>							
FANC/MIP service delivery scale-up		109	42 out of 127	33%	18 out of 26	13,033,777	3,086,929

Note: Data sources for population figures include national census data; World Gazetteer at [www.world-gazetteer.com](http://www.world-gazetteer.com) (Cameroon); <http://population.wn.com> (Nepal, Mauritania, Burkina, Kenya); <http://www.geohive.com> (Kenya); <http://www.odci.gov/cia/publications/factbook/index.html> (Kenya, Mauritania, Madagascar); <http://en.wikipedia.org/wiki/Region> (Burkina).

\*Cameroon's 58 departments are divided into 269 arrondissements and 53 districts. Data source: [www.reproductive](http://www.reproductive-rights.org) rights.org.

## **IV. Challenges and Opportunities**

---

### **Challenges**

#### **Unifying stakeholders in the use of a standard SBA training curriculum**

Nepal has many stakeholders working with the government to improve the national maternal and neonatal health program. The SBA policy has recently been endorsed by the government. However, the pre-service curriculum for doctors and nurses has yet to be revised. Similarly, the government has been conducting different needs based in-service trainings for use in different curricula, such as the Midwifery Refresher Training and BEOC training. Once the SBA LRP package is finalized in November 2006, ACCESS/Nepal will begin adapting the package in the next year. Introducing the package to different institutions and organizations has brought certain challenges. These include timeframe for the revision of the pre-service curriculum and matching the National Health Training Center and Family Health Division human resource requirements. Before initiating the SBA training, clinical site standardization and upgrades and preparation of trainers must also be addressed.

#### **Implementation of the SBA study results**

Once the study is completed and various models of SBA delivery recommended, the challenge will be to work with government and other institutions to operationalize that model and to include it as part of any implementation plan for the SBA policy.

#### **Community Management of LBW**

Given the political constraints currently in the country, there is only a short implementation time for this component. It will be a challenge to develop recommendations for scaling up based on this amount of data.

### **Opportunities**

#### **Continued growth in national level programs**

#### **Utilizing the opportunities presented in the current climate for developing SBA services at a larger scale, including wider use of the SBA LRP**

As described above many stakeholders are currently interested in implementing the SBA policy and in improving SBA services. ACCESS is well positioned to both contribute to the policy level discussions, the technical advisory discussions and expansion and promotion of the standardized SBA package. In addition the results from the SBA study should assist in the practical development of successful models while highlighting the main challenges for retaining and deploying SBAs.

#### **Developing the national guidelines, protocols and training packages for LBW management**

The results from the Kanchanpur LBW program should contribute to many neonatal health service development such as any continuation of the USAID NFHP CBMNC program, the MoHP CBIMCI program and SBA services. In addition awareness will have been raised at both the district and central level on the contribution of LBW to neonatal mortality rates and simple practical care practices will have been identified and tested, which will contribute to various training programs and perhaps to the development of a specific LBW / KMC module.

**To work collaboratively with the MoHP to develop an integrated neonatal health package and field test**

The MoHP is at present working towards developing an integrated neonatal health package. The learning from the Kanchanpur LBW project will contribute to this national initiative.

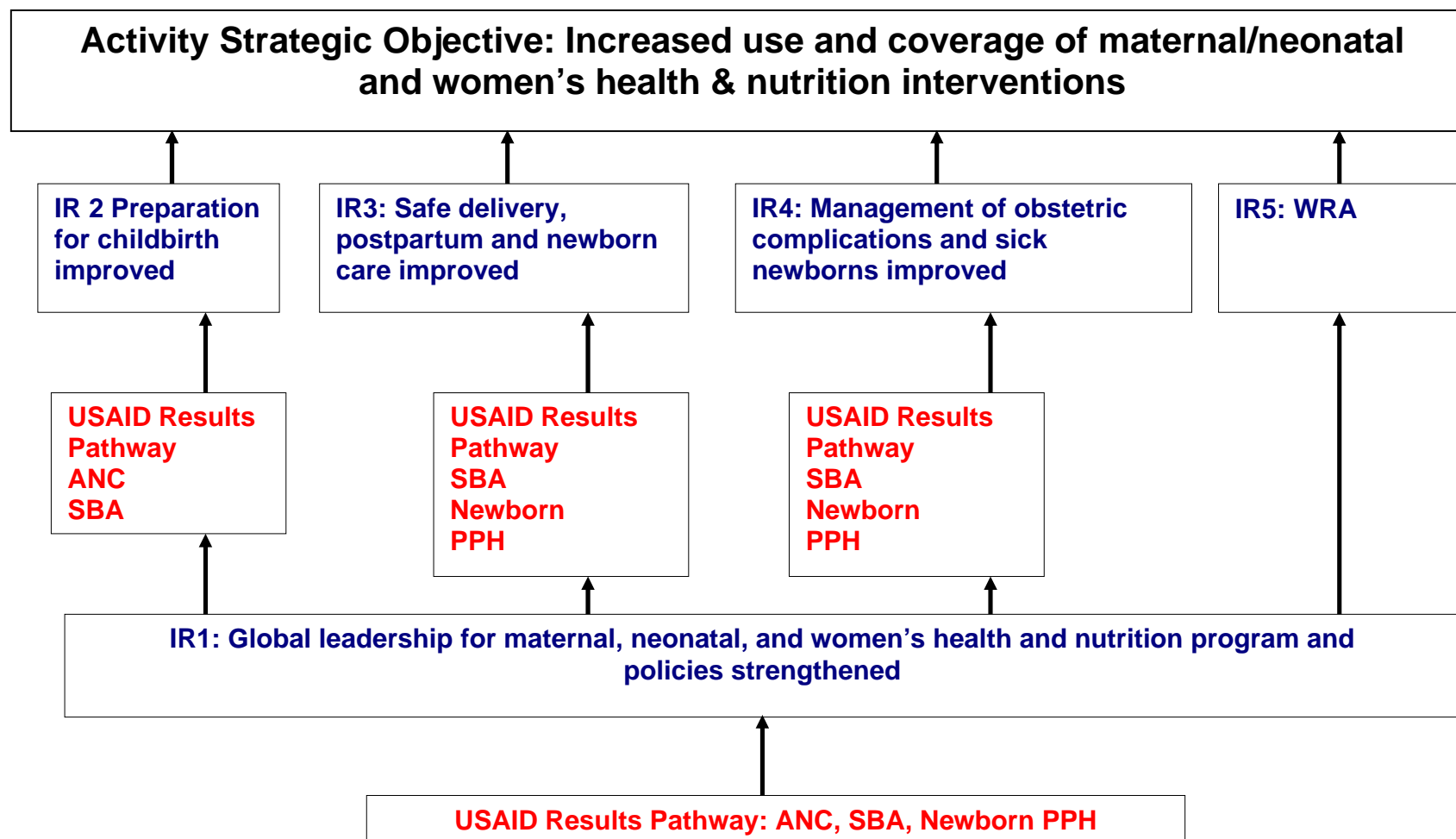
## Success Story

### Women's Festival and Birth Preparedness Messages in Kanchanpur Nepal

Teej is one of the holy national festivals celebrated by Hindu women. The purpose of the festival is to pray for their husbands to have long lives. Women typically celebrate Teej by fasting, worshipping gods, singing and dancing in large public gatherings. ACCESS/Nepal and the Nepal Family Health Program (NFHP) jointly organized a folk song competition ***"Dhohori Song"*** among Female Community Health Volunteers (FCHVs) and their six Mothers Group (MG) within the Suda Village Development Committee (VDC) in Kanchanpur. The competition aimed to raise awareness of birth preparedness messages within the community. Each group composed songs using messages found in the Birth Preparedness Package (BPP) or ***Jeevan Suraksha Flip Charts***.

Around **400** members from the community participated in the program. The audience comprised of members from the community - teachers, businessmen, social workers, journalists, TBAs, VDC representative, political representatives, and representatives from local NGOs and clubs. Participants liked that the songs were mainly focused on BPP messages (like danger signs of antenatal, natal, postnatal and neonatal period). Three MG were honored with the prizes for best song.

## ANNEX A: ACCESS Results Framework Linkages with HIDN Results Pathways



## ANNEX D: COUNTRY AND REGIONAL INITIATIVE M & E FRAMEWORKS WITH RESULTS

### ACCESS Nepal Monitoring and Evaluation Framework

INDICATOR	DEFINITIONS AND CALCULATION	DATA SOURCE	COLLECTION METHOD/ FREQUENCY	RESPON-SIBLE PARTY	BASELINE (AND TARGET)	USE OF DATA	STATUS
<b>USAID/Nepal Intermediate Result 2.2: Increased use of selected maternal and child health services.</b>							
Number of Generic Skilled Birth Attendant (SBA) Learning Resource Package developed and tested and provided to HMG and key partners to be adapted and incorporated in curricula of various SBA	This generic SBA Learning Resource Package will accommodate the competencies and skills of Skilled Birth Attendants as defined by SBA policy of Nepal.	Program records  SBA Learning Package	Records review	ACCESS Nepal Program Manager and Program Officer (HR)	Baseline: 0  <i>Target:</i> 1	-Standardize skills set and training package - Provide a national standard to contribute to future activities	In process of development
Number of Community Strategies to identify and manage Low Birth Weight (LBW) infants developed, tested and provided to HMG and NNTAC for incorporation in national protocols	The community model will identify LBWs for targeted home care by families and community workers and assist in referrals, if necessary.	LBW Community Strategy	Records review	ACCESS Nepal Program Manager and Program Officer (LBW)	Baseline: 0  <i>Target:</i> 1	-Review approaches to identify strengths and weaknesses to improve successes -Guide resource allocation and contribute to effective planning for future activities	In process of development



INDICATOR	DEFINITIONS AND CALCULATION	DATA SOURCE	COLLECTION METHOD/ FREQUENCY	RESPON-SIBLE PARTY	BASELINE (AND TARGET)	USE OF DATA	STATUS
Number of LBW infants identified and managed ,per protocol	Newborn infants who are less than 2.5 Kg will be identified in all Village Development Committees in Kanchanpur. Cared for LBW neonates at home and at community health facilities per protocol	Program records	Record review	ACCESS Program Manager and Program Officer (LBW)	Baseline: 0  <i>Target: TBD based on expected pregnancy and percentage of LBW</i>	- Determine effectiveness of community based LBW intervention and protocol	Implementation in Year 2
Number of guidelines developed for LBW infants to be included in the National Maternal and Neonatal standards and protocols	Based upon recommendations and information gained from relevant studies a National Guideline/ Protocol for LWB will be developed for use at all service delivery levels and these guidelines will be incorporated into national standards and protocols.	LBW Guidelines	Records review	ACCESS Nepal Program Manager and Program Officer (LBW)	Baseline: 0  <i>Target: 1</i>	-Contributes to National Standards and Protocols	Implementation in Year 2

INDICATOR	DEFINITIONS AND CALCULATION	DATA SOURCE	COLLECTION METHOD/ FREQUENCY	RESPON-SIBLE PARTY	BASELINE (AND TARGET)	USE OF DATA	STATUS
Number of studies conducted to assess factors affecting skilled birth attendance and provide recommendations to HMG and other key stakeholders	Study will be conducted thorough review of successes and failures of projects and investigate the perceptions and needs of community and the service provides, and explore public-private partnerships and other factors affecting skilled birth attendance.	Program records Study report	Records review	ACCESS Nepal Program Manager and Program Officer (LBW)	Baseline: 0  <i>Target:</i> 1	- Review approaches to identify strengths and weaknesses toward improving successes -Guide resource allocation and contribute to effective planning for future activities	TOR in process of development